

Criteria Checklist

Alabama Medicaid Agency Home Infusion Therapy

PREREQUISTE CRITERIA

- Provider must be enrolled as a Durable Medical Equipment **and** a Pharmacy provider.
- Patient must be Medicaid eligible.
- Patient resides in a non-institutional setting.
- Patient has a written order/prescription from the physician (see below criteria).

PHYSICIAN'S ORDER CRITERIA *Physician's order **must** include all of the following:*

- Date of order
- Recipient's name and address
- Supplier's name, address and telephone
- Diagnosis warranting infusion therapy treatment
- Name of drug, dosage, administration route, frequency of administration and duration of treatment
- Physician's name, address and telephone
- Physician signature and date
- Additional documentation* supporting the home infusion therapy.

DIAGNOSIS CODES

Please refer to Chapter 14 of the Provider Manual for the ICD-10 crosswalk codes.

PROCEDURE CODES

S9379

**Documentation may include notes from the patient chart.*